

Condoms Give Partial Protection Against HSV-2

BY BRUCE JANCIN

BERLIN — Consistent use of condoms has a moderate protective effect against acquisition of herpes simplex virus 2, the leading cause of genital ulcer disease.

A recent pooled analysis of six prospective studies concluded that men and women who used condoms 100% of the time during sex had a 30% lower risk of HSV-2 acquisition than people who

never used condoms, Dr. Laurence Le Cleach said at the annual congress of the European Academy of Dermatology and Venereology.

The pooled analysis by investigators at the University of Washington, Seattle, showed that the relationship between condom usage and HSV-2 acquisition was roughly linear. Thus, individuals who used condoms one-quarter of the time had a 7% lower relative risk of

HSV-2 acquisition than never users, while those who used condoms half the time had roughly a 15% risk reduction, noted Dr. Le Cleach of Central Hospital South in Corbeil-Essonnes, France.

The analysis included three HSV-2 candidate vaccine trials, an antiviral drug study, a behavioral intervention trial, and an observational study. Collectively, the studies involved 5,384 participants who were HSV-2–negative at baseline. During

more than 2 million days of follow-up, 415 laboratory-confirmed cases of HSV-2 infection occurred (Arch. Intern. Med. 2009;169:1233-40).

The impetus for the pooled analysis was a report by a National Institute of Allergy and Infectious Diseases panel that there was insufficient evidence to conclude condoms protect against HSV-2 acquisition. The analysis provides solid data showing that there is a benefit. ■

Indication

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

Important Safety Information

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

For additional safety profile and other important prescribing considerations, see accompanying Brief Summary of full Prescribing Information.

Please see full user manual that accompanies the pen.

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insulin lispro injection (rDNA origin)